



Wisconsin Department of Revenue  
 PO Box 8946  
 Madison WI 53708-8946

# WISCONSIN RENTAL VEHICLE FEE RETURN

SS# or FEIN
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Tax Account Number	Period Begin Date	Period End Date	Due Date
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Check if this is an **AMENDED** return

Check if address change  
 (Note changes on the back of the form)

Check if business discontinued  
 (Note changes on the back of the form)

Complete form using **BLACK INK**

<b>Rental Vehicle Fee</b>	<p><b>1</b> Taxable Receipts (Includes any amounts on Line 4) . . . . . <b>1</b> _____</p> <p><b>2</b> Rental Vehicle Fee (multiply Line 1 by _____) . . . . . <b>2</b> _____</p>
<b>Regional Transit Authority Fee</b>	<p><b>3</b> Number of Rental Vehicles rented in Kenosha, Milwaukee and Racine counties . . . . . <b>3</b> _____</p> <p><b>4</b> Regional Transit Authority Fee (multiply Line 3 by _____) . . . <b>4</b> _____</p>
<b>Limousine Rental Fee</b>	<p><b>5</b> Taxable Receipts (<i>see instructions</i>) . . . . . <b>5</b> _____</p> <p><b>6</b> Limousine Rental Fee (multiply Line 5 by _____) . . . . . <b>6</b> _____</p>
<b>Amount Due</b>	<p><b>7 TOTAL TAX DUE</b> (add Lines 2, 4 and 6) . . . . . <b>7</b> _____</p> <p><b>8</b> Interest and Penalty (<i>see instructions</i>) . . . . . <b>8</b> _____</p> <p><b>9 TOTAL AMOUNT DUE</b> (add Lines 7 and 8) . . . . . <b>9</b> _____</p>

This return must be filed by the due date, even if you have no fee to report. Failure to timely file this return will result in a late filing fee and may result in additional penalties. Please see the instructions for additional information regarding the computation of penalties.

*I hereby certify that the amounts entered on this return are true and correct to the best of my knowledge and belief.*

Contact Name ( <i>please print</i> )	Signature	Date	Phone (     )
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**Mail return and remittance to:**

Wisconsin Department of Revenue  
 PO Box 8946  
 Madison WI 53708-8946



Phone: (608) 266-2776  
 E-Mail: [DORBusinessTax@revenue.wi.gov](mailto:DORBusinessTax@revenue.wi.gov)  
 Website: [www.revenue.wi.gov](http://www.revenue.wi.gov)

FOR DEPARTMENT USE ONLY

## Taxpayer Information Changes

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Business Discontinued Date: \_\_\_\_\_

MM    DD    YYYY

Please indicate reason for discontinuation:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Deceased                      | <input type="checkbox"/> Merger with _____            | <input type="checkbox"/> Partner added   |
| <input type="checkbox"/> Formed LLC                    | <input type="checkbox"/> Business did not materialize | <input type="checkbox"/> Partner dropped |
| <input type="checkbox"/> Incorporated                  | <input type="checkbox"/> No taxable activity          | <input type="checkbox"/> Sold to _____   |
| <input type="checkbox"/> Other <i>(please explain)</i> |   |  |
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 **Mailing Address Change**

Street Address or PO Box		
City	State	Zip code

 **Business Location Change**

Street Address		
City	State	Zip code